

FACULTY / STAFF RECEIPT FORM

FOR LETTER OF ACCOMMODATION

Date: **October 24, 2017**

SEMESTER: _____

TO: UNM-G Faculty/Staff Member

STUDENT NAME: _____

BANNER ID.: _____

Students who are registered with the Branch Accessibility Resource Services (ARC) and requesting accommodations are obligated to inform each of their instructors from whom they require reasonable accommodations for their courses. Letters of Accommodation are prepared after the student makes their request each semester and provides appropriate documentation for services.

NOTE: This information will be documented with ARC.

Your cooperation is greatly appreciated.

Please SIGN YOUR NAME & DATE below to inform our office that you have RECEIVED YOUR COPY VIA E-MAIL & REVIEWED the student' copy of the LETTER OF ACCOMMODATION from student listed above.

COURSE NAME / SECTION # ♦ INSTRUCTOR'S NAME	INSTRUCTOR'S SIGNATURE (REQUIRED):	DATE REVIEWED, RECEIVED & SIGNED:	COMMENTS (IF ANY)
	X	/ /	
	X	/ /	
	X	/ /	
	X	/ /	
	X	/ /	